(d) Vaccine procurement is being carried out from other PSUs as well as indigenous private sectors to meet the present requirement as projected by the Programme Division on the basis of competitive rates after inviting open tenders. The indigenous private vaccine manufacturers have enough capacity in the country to cater to the requirement of Immunization Programme of the Ministry.

The existing facilities at CRI Kasualt can, be renovated/upgraded to make them Schedule M GMP compliant. The renovation and upgradation work is proposed to be entrusted to the Hospital Services Consultancy Corporation (India) Ltd. who will carry out the work under the Oversight Committee of WHO.

CGHS Beneficiaries

627. SHRI RAMACHANDRA KHUNTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the total number of beneficiaries covered under Central Government Health Scheme (CGHS);

(b) whether an Ex-MP having CGHS coverage for whole life had to enroll again in CGHS after getting elected again as Member of Parliament;

(c) if so, whether entitled person and his family member had to be covered second time in the CGHS for getting the same benefit; and

(d) if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As on 31.03.2007, there were over nine lakh CGHS card holders involving about 34.11 lakh beneficiaries.

(b) If an ex-MP has obtained a pensioner CGHS card for whole life, then he need not obtain a fresh CGHS card. However, if the MP desires to have a fresh card as a sitting MP, he may be issued a CGHS card meant for sitting MPs upon his surrendering the whole life pensioner card for being kept in safe custody in the CGHS. Instructions have been issued not to recover any subscription for availing CGHS benefits as a sitting MP. After the sitting MP ceases to be a Member of Parliament, he may get back the pensioner CGHS card.

(c) and (d) Do not arise in view of reply to (b) above.

Economic recession and rising health problems

†628.SHRI Y.P. TRIVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether according to Artemis Health Institute, cases of tension in people have increased due to global recession and financial crisis which has further enhanced incidents of high blood pressure and gastro problems;

(b) whether youth are in majority to be affected from it; and

(c) if so, the measures taken by Government to control this problem?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No study has been conducted by Artemis Health Institute, Gurgaon to suggest that cases of tension in people have increased due to global recession and financial crisis.

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†Original notice of the question was received in Hindi.

(c) Under National Mental Health Programme, efforts are made to provide mental health services as a part of general health system. In this regard, Central Government supplements the State Governments' efforts through District Mental Health Programme (DMHP), upgradation of psychiatric wings of Govt. medical colleges/general hospitals and strengthening/ modernisation of State run mental hospitals to make them as therapeutic units. The Central Government has proposed to re-strategise the National Mental Health Programme during the 11th Five Year Plan to extend DMHP to more districts in the country with added components of suicide prevention services, work place stress management, life skills training and counselling in schools and colleges.

The Central Government has also initiated National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke in the month of January 2008 in Pilot phase.

Developmental activities of State Health Services

629. SHRI MOINUL HASSAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the latest child mortality rate and figure of malnourished children in the country, State-wise;

(b) the index of developmental activities of State Health Services in the States, State-wise; and

(c) the percentage of patients in States report to State Health Services, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The latest child mortality rate and the figure of malnourished children State wise in the country as per the National Family Health Survey 2005-06 is at Statement-I and II (*See* below).

(b) There is no standard composite indicator for developmental activities of State Health Services in the States.

(c) The proportion of in-patients at public hospitals and private hospitals State-wise based on National Sample Survey Organization (NSSO), Ministry of Statistics and Programme Implementation, 60th round survey, 2004 is at Statement-III (*See* below).

Statement-I

Nutritional Status of Children by State

Percentage of children under age five years classified as malnourished according to weight-for-age, according to State, India, 2005-06

Sl.No.	State/UT	Weight for age
1	2	3
	India	42.5
	North	
1.	Delhi	26.1
2.	Haryana	39.6